

CLINICAL PASTORAL EDUCATION REGISTRATION

Please print neatly and carefully

ID # _____ Academic Term: _____

Last Name: _____

First Name: _____ Middle Name: _____

Social Security I.D. Number: -- --

Address: _____

City _____ State _____ Zip _____

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C.P.E. Site _____

Is this site accredited? Yes No*

*Please note: If not accredited, signature of Andover Newton Psychology Department required.

Department signature (*if not accredited*) _____

Site Address _____

Site City _____ State _____ Zip _____

Site Phone Number _____

C.P.E. Start Date _____ End Date _____

Number of Course Credits (M.Div. = 3; M.A. = 3; D.Min. = 0) _____

C.P.E. Site Fee _____

*Please attach a copy of your C.P.E. acceptance letter.

*Please attach fee documentation for tuition credit (receipt or cancelled check.)